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ABSTRACT

Analysis of Latin America's demographic situation has led many to believe that the present rapid rates of population growth, the highest anywhere in the world, must be reduced in order to prevent catastrophe. Family planning associations, affiliated with the International Planned Parenthood Federation (IPPF), have been organized in 29 Latin American countries. The Victor-Bostrom Fund has provided millions of dollars annually to IPPF; and with the base provided by these funds and private contributions, IPPF has obtained support from 13 governments and the United Nations Fund for Population Activities. This report consists of a series of articles related to population and family planning in Latin American America. Among the topics discussed are: The Demographic Explosion in Latin America; The Significance of the World Population Conference; The UNFPA in Latin America; Teaching Demography in Medical Schools; Mexico Chooses Family Planning; Family Planning: Hope for a Nation; Ethical and Religious Aspects of Family Planning; Oral Contraceptives; and Venezuelan Family Planning; Winning Government Support. Lists of the members of the governing bodies of IPPF, the Planned Parenthood Federation of America, Inc., and the Victor-Bostrom Fund Committee supplement this report. (BT)

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Population and Family Planning in Latin America

REPORT NO. 17

FALL
1973

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WILLIAM H. DRAPER, JR.
Chairman, Victor-Bostrom
Fund Committee

THE VICTOR FUND AND THE VICTOR-BOSTROM FUND

The Victor Fund was established in 1965 with an initial bequest of over $150,000 from Alexander Victor of Victrola fame to raise at least $3 million for the worldwide budgets of the International Planned Parenthood Federation during 1966, 1967 and 1968. With some 25 contributions of $150,000 the Victor Fund was oversubscribed and enabled IPPF to support projects and programs in more than 40 countries.

The Victor-Bostrom Fund was established in 1968 with an initial contribution from Mr. Harold Bostrom. By the end of 1972 the Fund had provided at least a million and a half dollars annually to IPPF for four consecutive years.

The total amount raised is now over $11.5 million. With the base provided by these funds and other private contributions, IPPF has obtained support from thirteen governments and the United Nations Fund for Population Activities. But private support must also continue to grow. Your help on any scale which you can afford will be gratefully appreciated.

ALEXANDER F. VICTOR

JULIA HENDERSON

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The Victor-Bostrom Fund Report

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History of Pro-Natal Policies Linked to Colonial Exploitation

The Demographic Explosion in Latin America

by
BENJAMIN VIEL, M.D.
Executive Director
International Planned Parenthood Federation
Western Hemisphere Region

The indigenous inhabitants of the region known today as Latin America had no source of energy other than human muscle. Even the most civilized of them did not know the wheel. Only in the Incan empire were they able to secure any help in transport from a small member of the camel family, an animal of limited strength. All work had to be done by hand.

The Spaniards and Portuguese, though they brought with them the wheel, the horse and gunpowder, in the Sixteenth Century, did not significantly change individual human muscle as the primary engine for work. One could even say that they increased the need for power, since they placed under agricultural cultivation lands which had previously been used only for the hunt.

The contact between Conquistador and Indian wrought a frightful mortality on the latter. New diseases, against which the indigenous population had no immunity, decimated their numbers so that in Mexico, for example, within 80 years, the native population plummeted from 20 million to only one million. The same tragedy must have occurred elsewhere in the continent.

Noting this decimation of the native population, the Conquistador, anxious to bring the land he had won into production and desperate for the labor to help him in both agriculture and mining, turned to two policies: a massive immigration of African peoples through the slave trade and a vigorous pro-natalist policy for each inhabitant already in the region. The fertility of women was deliberately exploited to provide the labor that the newly discovered continent required.

Population Growth Encouraged

The Catholic religion, by teaching that sexual contact outside of marriage is a sin (which limits the reproductive capacity of the man to one woman) and by teaching fathers to be responsible for their families (which promotes late marriage), probably provides the first example in the history of civilization of a humanitarian program for controlling excessive demographic growth. Yet in conquered America, the Church took a very tolerant attitude towards sexual sin. To rob and kill were greater sins; sexual relations involved only "pecadillos." Matrimony, as promoted by the Church, was a luxury mainly for the rich. Other people, African slaves as well as natives, were encouraged to maximize reproduction, much as cattle are today.

The situation was not greatly affected by the long and bloody Wars of Independence. The defeat of the Spaniard failed to bring peace, since the wars had produced the warriors. **To the demand for workers was added the demand for service in the armies which were fighting to slice up the continent. Men learned "Machismo." The ideal was to wander with the armies, changing women from day to day and feeling no responsibility for whatever children a warrior might engender.**

If this pro-natalist policy, which for centuries main-

tained natality at a level above 50 per thousand inhabitants, nevertheless, seemed incapable of producing a substantial population growth, it is because adverse conditions of life maintained the death rates at an equally high level, especially for the first five years of life. Of every 100 children born, not more than 50 survived to the age of five, and not more than 20 reached adulthood.

At the end of the 19th century and the beginning of the 20th century Latin America began to industrialize. This occurred first in those countries which had attained political peace and had important raw materials to be exploited. Argentina and Uruguay, for example, received a massive influx of European immigrants who arrived in Latin America with European technology and culture. These migrants created in both countries conditions that were different from the rest of the continent.

Unforeseen Factors Induce Rapid Growth

By 1920, twenty-four countries of Latin America contained 87 million people, a figure slightly more than double the number encountered by the Conquistadores in the same region four centuries before. In that year, the same 87 million were experiencing an annual geometric increase of 0.5 per cent. It was predicted then that the population would double in another 140 years, resulting in 174 million people in the year 2060.

Now, in the 1970s, the same region has some 280 million people and it is growing at a geometric rate of 2.9 percent annually. Now it is predicted that Latin America will have a population of 600 million in the year 2000 and, if the growth rate remains constant, some 1,500 million in the year 2060. This is true today even though only 50 years ago it seemed reasonable to expect that the population in 2060 would be only 174 million people.

What occurred in such a brief period to transform a projected annual growth rate of 0.5 percent into an actual growth rate of 2.9 percent? In the mid-1930s the entire continent began a progressive decline in infant and maternal mortality setting in motion a new phenomenon of population growth never previously ex-

DEMOGRAPHIC CHARACTERISTICS OF LATIN AMERICA*
(Selected Countries)

Type	*Country*	*Births per Thousand Inhabitants*	*Deaths per Thousand Inhabitants*	*Percent Rate of Annual Increase*	*Number of Years to Double Population*	*Estimated Population 2000 A.D. (millions of people)*
Urban	Argentina	21	8	1.3	53	35.3
	Uruguay	21	9	1.2	58	4.0
Semi-Urban	Brazil	37	9	2.8	25	215.5
	Colombia	43	11	3.2	22	56.7
	Chile	27	9	1.8	39	16.1
	Panama	37	7	3.0	23	3.6
	Venezuela	40	9	3.1	23	26.1
Rural	Costa Rica	34	7	2.7	26	3.6
	Dominican Republic	46	13	3.3	21	12.5
	Ecuador	44	10	3.4	21	16.1
	Guatemala	43	16	2.7	26	12.3
	Honduras	49	16	3.3	21	7.2
	Mexico	42	8	3.4	21	135.0
	Nicaragua	47	15	3.2	22	5.4
	Peru	42	11	3.1	23	33.4

*Estimates are for 1972 based on latest data available.

Source: Latin American Demographic Center (CELADE) and U. S. Agency for International Development

perienced by the human race. The consequences today are providing a challenge to scientists, sociologists, economists and politicians.

Those who deny the dangers of the demographic explosion still cannot deny that they are witnessing a new phenomenon. If they react without fear to these statistics, it is because they are still influenced by the old pro-natalist mentality of past colonialism and warfare.

The table on the previous page is an important one. It was prepared from data from the Latin American Demographic Center and the U.S. Agency for International Development.

From this table, it is easily seen that the demographic problem is minimal in Argentina and Uruguay, the two most urbanized countries of the region, and that it is most severe in the semi-urban and rural countries. These latter countries are likely to double their population in a generation or less.

Too Little of Everything

The effects of the mortality decline which began in 1930 and continues right up to the present have been dramatically felt in the last decade. Infant mortality, which once killed four out of every ten children before they reached the age of one, declined so much that it has resulted in meager meals being divided among many mouths. Ignorant of any contraceptive method, many women, the most responsible element in Latin society, have resorted to illegal induced abortion, a practice in Latin America that has reached epidemic proportions. **One third of the hospital beds intended for obstetrical services are now used to care for women suffering from complications of illegal abortions which oftentimes are performed by people with little medical education, using rudimentary or traditional techniques with little attention to antiseptic procedures.**

The children suffer too. Not all children who survive to the age of six will find room in the schools. Educational systems expanding only at the rate of one percent per year are incapable of meeting the educational needs of a population growing at a rate of three percent per year. As a result, only 60 out of every 100 children of school age find room in the schools while 40 are condemned to illiteracy or to an incomplete education which will fit them only for unproductive work. Yet with this low educational level, Latin America aspires to rise out of underdevelopment.

Many Workers, Few Jobs

For those who reach age eighteen, the prospects are even more somber. No economy possesses a growth rate that would enable it to create an annual three per cent increase in gainful employment. Many young men and women can expect only unemployment or part-time employment. The continual growth of an unemployed and underemployed population creates conditions that stimulate political instability and delinquency.

Food production which, as the United Nations Food and Agricultural Organization documents, has increased considerably in the decade has still proved incapable of increasing the per-capita supplies in Latin America. What is worse, evidence indicates that the per-capita consumption of animal protein is less today than it was ten years ago. The increase in food production, although extraordinary, has been unable to keep up with the population increase.

The International Planned Parenthood Federation

During the last decade, analysis of Latin America's demographic situation has led many to believe that the present rapid rates of population growth must be reduced. Leaders of professional groups, especially doctors, educators, economists and agricultural experts, have begun to see clearly that **the present explosive growth, the highest to be found anywhere in the world, has to be checked to prevent catastrophe. If this is not done, deterioration in the quality of life will inevitably bring a reversion to the old mortality figures prevalent before 1930.**

Those who have seen the problem with clarity have organized national family planning associations, autonomous entities, affiliated with the International Planned Parenthood Federation which was born in New Delhi in 1952 and the central office of which is now in London. Already 29 national associations exist in different Latin American countries, all struggling to achieve the Federation ideals and to incorporate them into family life styles and government policy.* These ideals are nothing less than to provide each couple with the means to reduce its fertility to the level really de-

*Twenty associations are full IPPF affiliates.

sired. Thus, no child would be born who is not wanted by the parents.

Opposition to Family Planning

A pro-natalist tradition of 400 years standing, however, cannot be changed in one decade. Opposition groups have emerged in some countries against those who advance the cause of family planning. These include the Catholic Church, Marxists and nationalists of an extreme conservative stripe.

In spite of traditionally promoting responsible parenthood, the Catholic Church was initially opposed to the use of modern contraceptives. Today, this opposition is tending to disappear. Many pastoral letters from bishops to their parishioners emphasize responsible parenthood together with freedom of conscience in selecting methods for reducing fertility. Perhaps none have been as clear and explicit as the Pastoral Letter by 80 Mexican bishops published in 1972. See page 18.

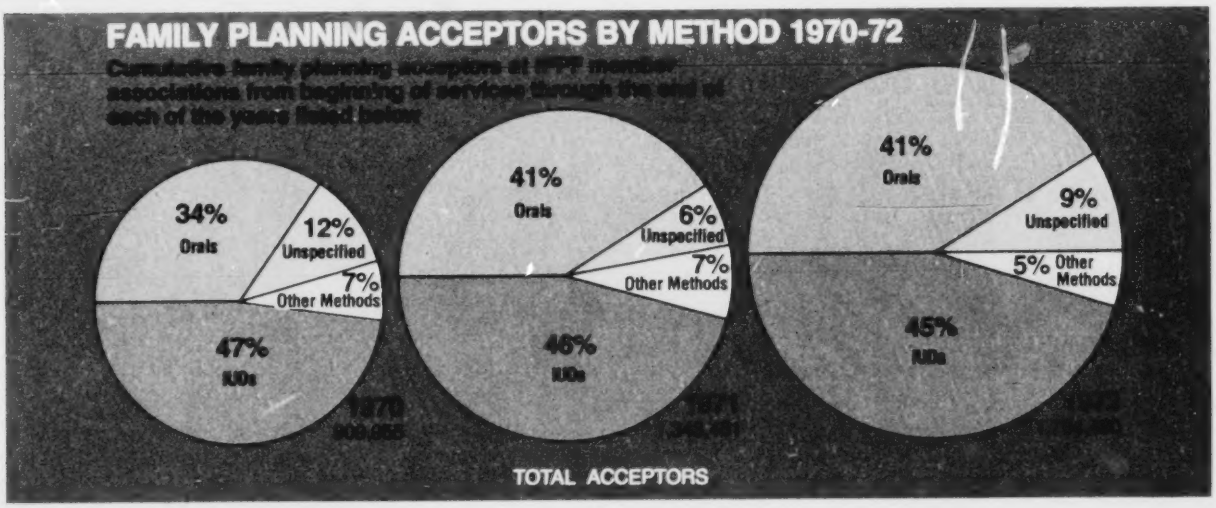
Marxist political groups, anticipating that the unemployment caused by excessive population growth will produce the revolution that will bring them to power, have accused the family planning movement of genocidal purposes encouraged by imperialist powers. But each day it becomes more difficult for them to maintain this position. At the present time, the socialist world includes the most successful family planning program known—that of the People's Republic of China. The birth rate in the Soviet Union is even lower than in the United States. The Chinese program promotes all recognized contraceptive methods. Legalized abortion by vacuum aspiration, a Chinese invention, is now spreading throughout the world.

In Latin America, Cuba provides contraceptive services and Chile signed an agreement with the United Nations Fund for Population Activities in 1972 and another with the International Planned Parenthood Federation in 1973 to intensify the national family planning programs established in 1964.

Unquestionably, such examples will soon open the eyes of the opposition Marxist movements and make them see that the phenomenon of the demographic explosion affects all countries, whatever the political view of their governments.

Conservative nationalist movements continue to argue that the strength of a country lies in the numbers rather than in the quality of the inhabitants. They forget that in Latin America, acreage not under agricultural exploitation is either desert wastes or tropical jungle bathed in rains which make any production impossible.

Against this opposition is a great and sympathetic force—the creation of which is related to the family planning education imparted by the Federation. It consists of the women of Latin America. **Every opinion survey carried out in recent years demonstrates that 80**



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New schools and more jobs are needed to keep up with Latin America's rapidly growing population

percent of the Latin American women are in favor of family planning and want no more than three children. The women of fertile age, whose numbers today are estimated at 70 million will determine whether demographic catastrophe can be avoided, a catastrophe that would bring back death at a young age as the ultimate check on population growth.

In the short run, data has accumulated that permits a certain optimism. Some countries are witnessing a decline in their birth rates, among which Costa Rica and Chile are notable examples.

The number of governments which have issued proclamations favoring family planning is steadily increasing. Mexico in 1972 joined the list of nations including Colombia, Chile and a number of Central American nations, which have endorsed family planning for health and other reasons. Mexico is establishing a broad family planning program, for which it has sought the support of the United Nations Fund for Population Activities as well as the International Planned Parenthood Federation.

Today few Latin American countries continue to cling to the traditional pro-natalist policies which were common under Spanish rule. On the other hand, not every Latin American nation has openly endorsed family planning but most of them do not usually interfere with family planning programs.

The question might arise why, in view of the favorable opinion of women of fertile age and ebbing resistance from the opposition, Latin America does not yet exhibit a clear tendency toward declining natality. The answer is obvious—out of the 70 million women of fertile age, no more than 10 million are able to pay for the costs of contraceptive services. The other 60 million, although convinced of the advantages of contracep ion, are too poor to pay for such services. Governments in countries of low productivity, confronting immense expenditures for other services in health and education, lack the financial capacity to meet the total demand.

The Need for International Cooperation

If the cost of providing effective contraceptive services is estimated at $5 per year per woman of fertile age, the 60 million women unable to pay for services for themselves would require an annual expenditure of $300 million. Such a figure leads to the conclusion that to reduce the effects of the demographic explosion in Latin America requires greater international cooperation. Problems that affect all humanity cannot be solved only with local resources; they should be provided in the amounts necessary by supra-national organizations. If further assistance is not forthcoming, the demand of the poor for contraceptive services will continue to be a sad and unheard plea and only the well-to-do will continue to enjoy the right to prevent the birth of unwanted children.

Population and Development In Latin America

by
ANTONIO ORTIZ MENA
President
Inter-American Development Bank

Socio-economic development is an arduous, complex, and long-term process. No factor can be singled out as making progress possible or impossible. There is recognition, however, among most of the governments of Latin America that well-conceived plans should consider the implications of population growth.

The basic objective of a nation's development plan must be to improve the quality of life for its citizens. Education, health care, social security, housing, and the opportunity for productive work are essential elements in achieving a better life.

Today in Latin America there are marginal groups that are illiterate, undernourished, excluded from coverage of the social security system, poorly housed, and unemployed or under-employed. They are the *marginados*, those unfortunates who are caught in the pressures and counter-pressures of underdevelopment.

Pressures of Population

Those pressures are growing, for it is estimated that the population of the region will have increased by 50 percent during the 15 years between 1970 and 1985. This means that by 1985, Latin America will have:

—150 million more people, bringing the total population to more than 400 million;

—37 million more children of school age, many of whom will probably have no teachers and no school to attend.

Merely to maintain even the present inadequate level of health care, education and employment, the region will in 15 years need:

—180,000 new schools

—60 million new jobs

—a 60% increase in medical and auxiliary personnel and in the capacity of medical institutions

However, to meet the basic needs of the huge population increase expected by 1985:

—500,000 new schools will be needed, not only to maintain, but also to better the opportunity of each Latin American to share in the benefits of education by 1985.

—Twice the present number of health personnel and double the infrastructure of the region's health services will be needed in 1985 to provide an adequate level of health care.

Thus, in order to provide adequately for its people, the region must somehow involve the present marginal population in the development process, by resourcefully engaging them in the planning processes, through more equitable distribution of income, through better development strategies and management techniques, by curbing inflation, and by emphasizing investment of savings in areas that will foster even greater economic and social development. **Obviously, in this complex situation a nation's development program must weigh carefully the serious and ever-changing implications of population growth rates.**

Factors Influencing Population Growth

New social realities and profound cultural changes within the region will have a definite effect on the population growth rate. Of the four cornerstones of contem-

porary social policy—health, education, social security, and housing—health is the one most closely related to population. Basic health considerations require that each individual have equal access to the entire range of maternal-child health information and services.

In response to these needs and to the increasingly emphatic demand of the lower and middle urban economic groups for information, almost every Latin American country today has some sort of maternal-child health program. **An integral part of any health program for mothers and infants is the provision of information and services for the spacing of births. Such programs must, in turn, complement the full range of health services provided by a nation, for health is an essential element in long-term socio-economic development.**

Opportunities for Women

The population growth rate is also being affected by cultural changes, particularly in the status of women. Many women in Latin America are being freed from purely domestic tasks and are being integrated into public life.

By multiplying the opportunities open to her, development offers woman a wider range of possibilities and options. And whatever option is selected, the influence of modernization is such that the average woman will combine her domestic duties with other occupational activities.

While the educational level among older women tends to be low, among the younger population the differences between the educational levels of men and of women tend to diminish. And many countries in the region have shown an increase in the participation of women in productive employment.

The liberation of women of middle and gradually of lower urban economic groups has been influential in transforming the traditional concepts of motherhood. This transformation has definite implications for population growth in the region, because education, social mobility, participation of women in the labor force, and access to the market place combine to depress the rate of growth of the population.

These observations are neither startling nor necessarily new. Conservative traditions and cultural modes have been in constant flux since the dawning of history, as individuals and tribes and nations were in turn buffeted by what were for them new factors of modernization and development. It is because of these dynamic transformations that variety of need and plurality of response have marked man's history.

Individual Responsibility Paramount

Varying population growth rates are the product of the dynamic reaction between traditional cultural patterns and factors of modernization. In one era of history, or within a circumscribed geographic space, an extremely rapid population growth rate may have been or now be desirable—indeed, even vital to the continuation and well-being of the species. Yet during another stage in man's history, or within another geographic area, the quality of life may require that the population grow at a slower pace.

The population growth rate can be quantitatively measured, charted, and in some measures influenced by government policy. Its implications for the development process are obvious. But the phenomenon of population growth transcends a strictly technocratic point of view. And when the phenomenon becomes a problem, it cannot be resolved with purely quantitative tools and treated equally with other aspects of development planning.

The ultimate determining factor of the changes in population growth is the individual judgment, conscience, and aspirations expressed collectively through the successive social organizations which comprise man's environment: the family, the extended family, the local and national communities. But the individual's responsibility is paramount. This fundamental principle, respecting the individual's beliefs and personal values, is reflected in the Declaration of Human Rights of the United Nations.

An equally basic human right is that of knowledge—in this case, that of access to information which will enable the individual, within the family unit, to make responsible decisions concerning that family size which will assure its members access to health, employment and security. In this way, the desires and aspirations of all families result in the definition of the social goals of the community: overall improvement in the quality of life and the well-being of the human family.

An Unprecedented Event . . . in the Search for a Better Quality of Life

The Significance of the World Population Conference

by
ANTONIO CARRILLO-FLORES
Secretary-General
of the
World Population Conference
United Nations

There have been a number of very significant international conferences on population in the past which brought together specialists in the field and representatives of private groups. The World Population Conference to be held in August 1974 in Bucharest, Romania, however, will be an unprecedented event because it will be the first worldwide intergovernmental gathering devoted to this subject. A larger number of member states will be invited than to any earlier conference under United Nations auspices.

History has brought us to the moment when the international community, acting as a whole, has decided to consider, collectively and politically, one of the phenomena most likely to affect human welfare and development in our era. Similarly, one year ago in Stockholm the international community considered another such phenomenon and decided on ways to preserve the human environment. **For the nations of the world to convene to discuss population problems under United Nations auspices is a decision of major importance, even if the questions of population, obviously, are more in the domain of national sovereignty than those of the environment where many actions injure the interests of other states.**

The organizational framework within which this creative look at population problems will take place is already well developed. The substantive items to be included in the provisional agenda of the Conference are:

(1) Recent population trends and future prospects;
(2) Relations between population change and economic and social development;
(3) Relations between population, resources and environment;
(4) Population, family and human well-being;
(5) World Population Plan of Action.

I should expect that the World Population Plan of Action would be seen as an opportunity governments might seize for making recommendations for strengthened international cooperation in this field. Let us remember that the population situation varies from place to place and the related needs in different lands and quarters of the globe also vary.

The preparations for the Conference, hopefully, will bring about a clearer understanding of the particular needs of the participating countries and their regions. To this end, I am visiting as many of them as possible for consultations. **We may also expect that by August 1974 governments which have not yet done so will have found sufficient encouragement to establish and define national population policies in the light of the needs and requirements of their respective peoples and to include population trends in their plans for economic and social development.**

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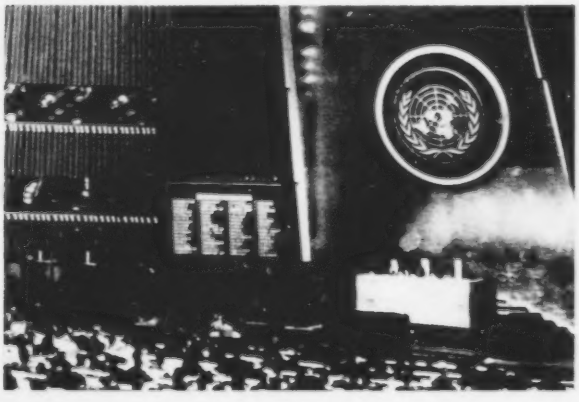
The late 1960s witnessed an increase in the concern shown in Latin America for questions of population. This is because a stage had been reached in which the number of persons attaining working age every year was increasing rapidly: the problems of urban marginality, structural unemployment and underutilization of human resources were becoming increasingly urgent. Along with this, there was the growing discrepancy between the demand for social services and the supply that was actually provided and the complex influence of technological innovations.

Regional Meetings and the World Conference

The results of regional population meetings will be indispensable to a world conference on a subject which can only be understood by taking fully into account the variety of conditions which exist on every continent and in each country. In shedding light on the phenomena associated with population problems, I should like to stress the overriding importance of the Caracas Declaration of 1967. Adopted by the Meeting on Population Policies in relation to the Development of Latin America, this was a first important attempt at the inter-American technical level to identify the problems inherent in a population policy. Three years later came the Regional Conference on Population Policy in Mexico City, which is remembered for the depth and acuity of the papers presented there and the lively discussion of them. I am glad to say that a second regional conference, this one an intergovernmental meeting, is planned for next spring in Costa Rica under the auspices of the Economic Commission for Latin America.



In order to assess the present state of knowledge about the technical and scientific issues with which the Conference will be faced and make this information accessible to the representatives of participating governments by incorporating it in the official Conference documents, four symposia have been planned on population and its relationships with development, family well-being, environment and natural resources, and human rights. The first, very successful, symposium already took place in Cairo and the others will be held in the coming months in Honolulu, Stockholm and Amsterdam.

We should keep in mind the principles which underlie the relevant resolutions and declarations which United Nations has already approved in this matter; I should summarize them as follows:

(1) The main goal must be to promote human welfare and development and to improve the quality of life.

(2) No effort should be spared to reduce the mortality rate. It is by reductions in the birth rate not increases in the death rate that population should, in time, reach equilibrium.

(3) Demographic policies lie within the sovereignty of every nation.

(4) Such policies, however, must respect human rights. One of these, as defined by the Declaration on Social Development adopted by the General Assembly in 1969, is the right of individuals to the knowledge and means necessary to determine the number and spacing of their children.

(5) Any international assistance, financial or other, should not slow down cooperation in the broader scope of economic and social progress for the developing countries.

It is very far from the aims of the Conference either to arrive at international solutions which will function as a poor man's short cut to economic development or to design a plan of action the realization of which would result in greater benefits to developed than to developing countries. On the contrary, the Conference will seek constructive discussion and agreement on measures which can assist developed and developing nations alike to reach a better equilibrium between population, resources and the continuing search for a higher quality of life.

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"Latin America . . . A Major Area of Interest"

The UNFPA

Since the inception of the United Nations Fund for Population Activities (UNFPA), Latin America with its rapidly growing population and immense potential for further development, has been a major area of interest. The UNFPA's first grant in the Latin American region was in 1969. The close relationship of UNFPA with the Latin American Demographic Centre (CELADE) dates from that time. CELADE remains one of the Fund's best "customers" and over $1 million has been committed by the Fund in support of its very valuable training and research work and technical assistance to countries in the region.

The collection and analysis of basic data about population, work which CELADE promotes so well, is a very important component of the Fund's relationship with Latin America. Eight countries in the region have been supplied with assistance related to censuses and the registration of vital statistics. Through the United Nations Economic Commission for Latin America (ECLA) we have been able to help many more. The Fund financed, for instance, an Inter-American Seminar at ECLA headquarters in Santiago, Chile on the preparation and use of population and housing censuses, and the work of an expert group on the development of an integrated system of demographic and social statistics. Five staff positions in the Social Affairs Division of ECLA are also supported by the Fund.

Family planning visitor shows IUD to a young mother.

The formulation of population policy is an area in which the Fund is steadily becoming more involved. Population units have been established within the national planning offices of Chile and Panama. El Salvador has been assisted in carrying out research on the country's demographic situation as an aid to the development of human resources and employment policies. Chile and Costa Rica are among seventeen countries which the Fund is assisting in studies of laws and other social measures affecting population growth.

Family Planning Assistance

The General Assembly of the United Nations has affirmed the right of parents to determine the size of their families and to have access to the information and the means of doing so. The Fund stands ready to assist governments and organizations approved by governments to achieve this. In several countries of Latin America and the Caribbean, the Fund is supporting the family planning activities of governments, or, more frequently, of private bodies such as the Fundación para Estudios de Población, the Mexican affiliate of the International Planned Parenthood Federation. Fund assistance in Mexico will enable the Fundación to

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in Latin America

by
RAFAEL M. SALAS
Executive Director
United Nations Fund for Population Activities

expand its operations by doubling the number of clinics to about one hundred. In Chile the government program to reduce mortality, improve infant care and promote family welfare is being supported by the Fund with $3 million over a four-year period. One goal is to extend family planning coverage from fifteen to forty percent of all women of child-bearing age.

Central to the Fund's activities in family planning as in other programs is the principle that the Fund will not interfere with but rather assist government policies. In countries where rhythm is the only approved method of birth control the Fund supports programs designed to promote better knowledge and understanding of the method. Elsewhere, full-scale programs using all available techniques are supported. In all cases the wishes of the country concerned are paramount.

World Population Year

Knowledge, concern and action on population questions by governments, private organizations and individuals are the aims of World Population Year in 1974. **As part of the Fund's function of initiating and coordinating activities for the Year, we have urged all governments to establish without delay national commissions on population to make plans for the Year and for future activities.** Several governments in Latin America have already set up such bodies or announced their intention of doing so.

A World Population Year Secretariat has been set up within the Fund under the distinguished Asian journalist, Tarzie Vittachi. As part of its contribution to the aims of the Year, the Secretariat is encouraging the formation in the different regions of the world of news-gathering and distributing organizations whose purpose will be not only to disseminate news on WPY but also to train journalists in development reporting. The first of these, the Press Foundation of Asia, has been in existence for some time. The second, ALACODE—the Latin American Development Writers' Association—was founded in Santa Marta, Colombia, earlier this year and has already made plans for training courses for journalists from Latin American countries.

As interest continues to grow and more plans and projects are prepared, the Fund will be happy to assist in every way we can. In particular World Population Year offers governments and peoples a unique opportunity to engage in a world-wide dialogue on population, to pass on the benefit of their experience and to learn from the experiences of others. I am sure it is an opportunity which the nations of Latin America will put to full and constructive use.

Clinics in some Latin American countries receive government and UNFPA assistance for family planning.

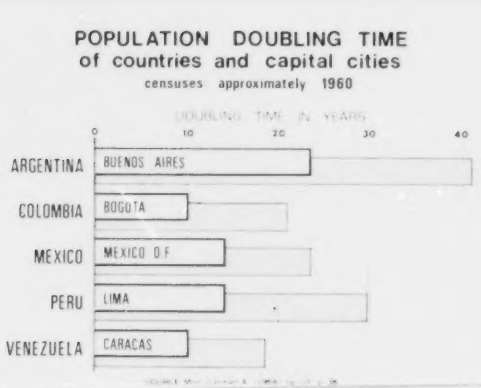
The Pan American Federation of Associations of Medical Schools (FEPAFEM) is educating young doctors in the demographic facts of life. Established in June 1968, the Teaching and Research in Population Program of FEPAFEM has developed a number of audio-visual presentations to illustrate population problems.

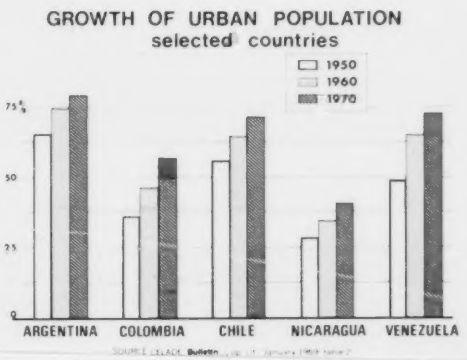
In its approach FEPAFEM stresses the interrelationships between demographic realities and individual health. Topics covered include:

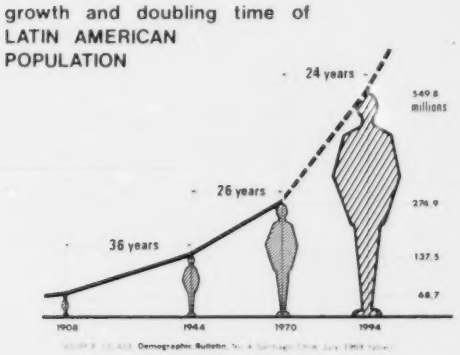
Socio-economic Implication of Population Growth
Maternal and Child Health
Population Structure and Dynamics
Mortality
Fertility
Family Planning
Migration and Urbanization
Theories and Policies on Population

The slides below can be obtained in Spanish and English from:

Pan American Federation of Associations
of Medical Schools
Carrera 7, No. 29-34
60. Piso
Bogota, Colombia







Percentage Distribution of Population by Major Age Groups

COUNTRY	YEAR	PERCENTAGE IN AGE GROUP		
		0-14	15-64	65 and OVER
ARGENTINA	1914	38	59	2
	1970	30	65	5
CHILE	1920	39	58	3
	1970	39	56	5
MEXICO	1930	39	58	3
	1970	46	50	3

"Slower population growth would have an immediate beneficial effect . . ."

Jobs, Housing and Running Water: Victims of Population Growth

by
RUBENS VAZ DA COSTA
President
National Housing Bank of Brazil

Brazil is one of the fastest growing nations in the world. Our population will increase twelvefold between 1900 and 2000. A nation does not witness such growth without major changes in the economic and social lives of its citizens. Brazil is no exception.

With its 100 million inhabitants, Brazil has made tremendous economic progress in the last decade. The nine percent economic growth rate of the late 1960s and early 1970s was one of the highest in the world. It surpassed the United States of America, the USSR, Great Britain, France, West Germany, China and nearly every developing country of the world with the exception of some of the oil-exporting nations. Remarkable as this progress has been, Brazil still lags behind in developing jobs, housing, sanitation and drinking water, and many other social services for both rural and urban inhabitants.

Some thirty years ago Brazil was predominantly rural. Most of the inhabitants depended upon agriculture for their livelihoods. Today over sixty percent of the population live in cities. By 1980 two out of every three Brazilians will be a city dweller.

Unbridled Urbanization Hinders Development Effort

Urbanization is a healthy process, indeed, it is one of the hallmarks of development. In the West, cities have played a very important role in the development of the presently industrialized countries. Enlargement of markets for manufactured goods and an increase in demand for agricultural products are among many beneficial results of urban growth. Problems arise, however, when cities grow faster than the ability of people to find decent jobs and housing and when governments cannot afford to invest the necessary amounts to improve housing, drinking water, roads, sanitation facilities and the like. Unfortunately, that is precisely what is happening in Brazil today.

Our cities are growing too fast. We cannot productively absorb all of the manpower available in the cities. Industrial production is increasing very fast, but not fast enough to provide jobs for the swelling number of applicants. The favelas of Rio de Janiero and the shantytowns which surround so many of our cities bespeak of the inability of our society to improve the quality of life for our urban inhabitants.

In the decade of the seventies, Brazil will increase its *urban* population by over 27 million. This is greater than the entire population of any of our South American neighbors. Brazil's urban growth is twice as rapid as overall national growth. Between 1940 and 1980 the national population will triple but the number of urban residents will increase sixfold.

Jobs Mainly in Service Sector

Past trends in the creation of new jobs suggest the ominous magnitude of the task ahead. Since 1940 the biggest area of employment creation has been in the tertiary or service sector. Increases in agricultural employ-

BRAZILIAN POPULATION DISTRIBUTION
1940-1980 (thousands of inhabitants)

YEAR	URBAN	%	RURAL	%	TOTAL
1940	12,880	31.2	28,356	68.8	41,236
1950	18,783	36.1	33,162	63.9	51,945
1960	32,005	45.1	38,988	54.9	70,993
1970	52,905	55.8	41,604	44.2	94,509
1980	80,000	66.7	40,000	33.3	120,000

Source: National Housing Bank, 1972

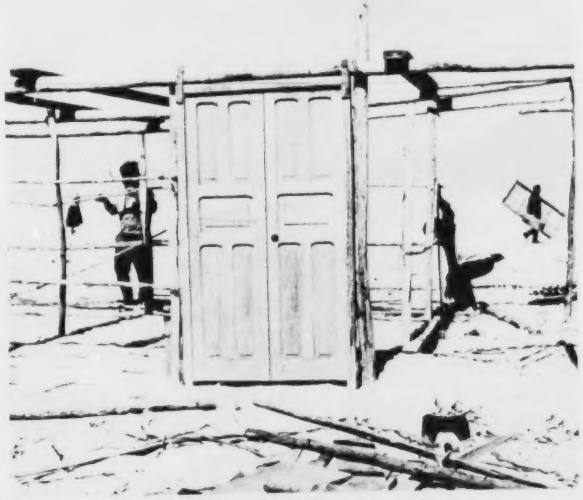
ment have been relatively meager, especially, in the last decade. In the 1970s Brazil will measure a net decline in agricultural or primary sector employment. By 1980 only one out of every three people will be employed in agriculture.

The industrial or secondary sector has shown remarkable gains in the last decade. It has been absorbing an ever-increasing share of the total labor force. In 1960 thirteen percent of the economically active adults were involved in the manufacturing sector. This climbed to 18 percent in 1970 and will continue to rise to about 22 percent by 1980.

It is in the tertiary or service sector, including everyone from government workers to street hawkers, that most Brazilians will have to find jobs. This sector will have to absorb seven million people in this decade. Most of these will end up in low-paying jobs. Over fifty percent of those employed in the service sector in 1970 received less than 100 cruzieros per month—less than 300 U.S. dollars per year. The large increase in the number of job applicants in this sector will have a depressing effect upon urban wages in the years ahead.

Housing and Water Supplies Poor

Despite the best efforts of the National Housing Bank, established in 1964, the housing used by many Brazilians does not meet minimum standards. There are over 1.5 million homes which are classified as substandard in the urban areas. Moreover, the demand for housing will accelerate. Six hundred thousand units must be built annually just to keep up with present demand. It will take decades before all Brazilians are able to live in housing of adequate standards.



To replace crowded barriadas millions of new housing units are needed throughout Latin America.

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As was previously mentioned, during the 1970s over 27 million people will join the 54 million who resided in cities in 1970. In that year about one-half, 26 million, of the urban inhabitants were serviced by water mains for their drinking water. For all city dwellers to have pure running water for drinking would require a tripling of the water supply in one decade—a task that will tax our scarce resources.

Sewage disposal is an even greater problem. Only 13 million city dwellers have public sewage disposal. There is no way that the 80 million people who will live in cities in 1980 can have such service. In fact, it will take well into the 1980s to meet the sanitation needs of city dwellers. Today over eight million urban residents have no sanitary facilities of any kind. Hopefully, with time we will be able to meet their needs.

Smaller Families Enjoy Better Lifestyles

Population growth of the twentieth century variety is a new force in the history of civilization. It has had a tremendous impact upon Brazil. **We must learn to slow the rate of growth so that our cities will not be inundated with people to the point where we can no longer adjust, can no longer progress, can no longer survive.**

A slower rate of population growth would have an immediate beneficial effect. It would free scarce resources now used in trying to keep up with the immediate needs of our growing numbers. More resources could then be concentrated on really improving the lives of our people. We must ask the question whether hundreds of millions of people living at the margins of sufficiency is better than fewer millions living at their true human potential.

DISTRIBUTION OF THE WORKING POPULATION OF BRAZIL 1960-1980
(millions of inhabitants)

Sector of Employment	1960	%	Increase	1970	%	Increase	1980	%
Primary	12.2	53.7	.9	13.1	13.2	—	13.0	33.0
Secondary	2.9	13.1	2.3	5.2	33.4	3.5	8.8	22.0
Tertiary	7.5	33.2	3.7	11.2	53.4	7.0	18.2	45.0
All Sectors	22.6	100.0	6.9	29.5	100.0	10.5	40.0	100.0

Source: National Housing Bank, 1972

Family planning information is now available in Latin America through post partum programs and educational films.

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Rapid Population Increase: A Serious National Issue

by
LUIS ECHEVERRIA
President of Mexico

Excerpts from the Third State of the Union Address, September 1, 1973.

Mexico now has more than 56 million inhabitants and this number will double in 20 years. Our index of growth of 3.5 percent a year is one of the highest in the world and certainly the highest among the countries with a population similar to or larger than ours. This high birth rate and the decrease in mortality create an impressive demographic situation. **In accordance with present trends, we shall begin the twenty-first century with 135 million Mexicans who will require food, housing, education, employment and all types of services. The parents of these millions of Mexicans of the year 2000 are already born or are about to be born.**

This is the moment to seriously consider a problem which for some time has been faced by many nations that have a different economic and political structure. Large sectors of our population are worried about the problem of the growth of the family. Mexican women by the thousands go to health centers, to government and private clinics in search of orientation on the possibilities of regulating their fecundity.

We reject the idea that a purely demographic criterion to reduce births can replace the complex task of development. **But we would be committing a grave error if we did not realize the seriousness of the increase of the population and the needs this increase generates.**

The bill of additions and reforms to the General Law on Population which we will soon present to the Congress, establishes the legal framework so that programs for responsible parenthood can be carried out with absolute respect to individual liberties and as part of our general development policy.

Family Planning: An Individual Right and Responsibility

Excerpts from the Pastoral Message on Responsible Parenthood by the Mexican Bishops, December 1972.

We Bishops, servants of the people of God, are vitally interested in the matter of responsible parenthood, which affects our entire nation. And so we would like to offer a few words today to assist, to serve and to illuminate families on this most important topic.

We make this contribution from a sense of our pastoral duty, in view of what is a very real and excruciating emergency for most Mexican families: the population explosion, which results in very many instances from irresponsible child-bearing, aggravated by the existence of socio-economic injustice . . .

There is no need to repeat here the data that experts in demography and sociology have given over and over

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again, sometimes exaggerating them. We know that the natural population growth in Mexico is one of the highest in the world, largely because so many are born out of wedlock. This leads to grave consequences in various areas:

The very low rate of savings and inadequate investment hinder national economic growth and make any improvement in the standard of living slower and more difficult. Jobs are very limited. Access to health services and public assistance is often more complicated. Permanent malnutrition, from infancy on, cuts back the human potential of a great bulk of our population, and inadequate housing breeds a pernicious promiscuity and overcrowded living conditions.

The very possibility for improvement in school and educational facilities is very limited, since the resources for creating enough schools, classrooms and trained personnel to match the annual increase in student population are inadequate, despite the government's praiseworthy effort to increase the educational budget each year.

We know that all these social problems, which we have barely alluded to, have a more or less disastrous impact on families, singly and collectively. **Among the grave abuses that affect the family very directly, two stand out as particularly urgent: machismo and the problem of unwed, abandoned, separated and divorced mothers, whose frequency in Mexico is extremely high and still mounting . . .**

Among the many family problems that beset the Church community, there is the high incidence of baptized children for whom neither their family nor any pastoral action give promise of an authentic and systematic education for Christian maturity in the faith. This is a serious pastoral problem. . . .

MEXICAN PROGRAM CONSISTENT WITH VATICAN II

The Mexican government officials have decided on a family planning program. . . . Let us single out certain highlights of this program:

"Family planning means deciding on the ideal possibilities for a wholesome family nucleus, so as to permit the physical, mental, economic, cultural and social development of the offspring . . .

"It is the conscious and free determination to provide for a family whose size and number are compatible with a life worthy of humankind . . .

"It means arranging to make a home that reflects a scale of positive values, and with a fair assurance of feeding, educating and guiding the children's lives as they grow up.

"Responsible parenthood is evidenced in the desire and determination to raise physically and mentally healthy children, useful to themselves and to the community, prepared for all life's struggles . . .

"The state has no right to oblige couples to have many children, or few or none. In our democratic and libertarian system, the state cannot—and has no desire to—exercise a coercive control over family growth.

"As a consequence, and in line with our social tenets, spouses have the right of self-determination in planning their family size, in accord with human dignity, as well as a right to freedom and the exercise of their social, ethical and religious convictions . . .

"Each couple should be encouraged to decide on the number of children it wishes to raise, so as to provide security for them and assure them the dignity, love and respect that human procreation deserves."

The substance of these statements, so respectful of human dignity and freedom, is fully in keeping with the teaching of Vatican II, as confirmed by the encyclical *Populorum Progressio*.

The most important decision for married people—to have or not to have, more children—carries with it the right and responsibility on deciding on the means.

Only the Government Can Meet Family Planning Needs

Family Planning: Hope For A Nation

by
WALTER RODRIGUES, M.D.
Executive Secretary
Society for Family Welfare in Brazil

What can a private non-profit family planning organization with an annual budget of less than three million dollars do to try to reduce fertility rates in a Catholic country with 100 million people? In a word—plenty!

The Society for Family Welfare in Brazil (Bemfam) has worked since 1965 to give couples the opportunity freely and responsibly to determine the number and spacing of their children by providing access to family planning services and methods. To date over 400,000 women, visiting one of Bemfam's 80 clinics, have adopted family planning.

We acknowledge with appreciation the steady support of the International Planned Parenthood Federation (IPPF). Bemfam is the single largest annual grant recipient from IPPF. In 1973 we will receive nearly $2.5 million.

National Program Needed

The demand for family planning services, however, far outstrips the supply. Bemfam, as a private organization, can never expect to meet the family planning needs of the approximately 20 million couples of reproductive age. Only when the Brazilian government embraces family planning as a basic human right—essential for improved maternal and child health and beneficial to both the national and individual economies—will we begin to see the many advantages that a decline in fertility could bring.

In a country as large as Brazil only the central government can meet the need for family planning services. To this end, Bemfam sees its role as a catalyst to all levels of government to get them involved in providing family planning and related maternal and child health services. There have been so many charges and countercharges regarding population growth and family planning services in Brazil that Bemfam has always devoted much attention to examining the logic in statements made by opponents to family planning programs. Through meetings with government leaders, military figures, Church officials and community leaders and through favorable media coverage, Bemfam has been increasingly successful in demonstrating the many benefits of family planning.

Pronatalism Still Alive

Unfortunately there is still some opposition in Brazil to family planning. Three arguments are used by those who still insist that Brazil does not have a population problem. Some say Brazil is underpopulated. Brazil is the fifth largest nation in land area but ranks only seventh in population size. Brazil has a lower population density per square kilometer than China, India, Indonesia, Japan and the United States of America. But these advocates overlook the fact that Brazil is one-half jungle. The agricultural potential of much of Brazil's land area is, at best, doubtful. Those who may be forced to scratch a living from soil which loses its nu-

BEMFAM agreements with government and others to provide family planning services

Year	Formal	Informal	Total
1966	2	4	6
1967	7	12	19
1968	9	19	28
1969	11	24	35
1970	19	33	52
1971	28	38	66
1972	39	40	79

trients within a few years after clearing will not thank us for trying to overcrowd the scarcely arable land. Brazil is the only large nation of the world which retains a pronatalist population policy.

Others say that a rapidly increasing population encourages rapid economic growth, but they are mistaking appearances for reality. It is true that Brazil has seen very rapid economic growth in the last decade while experiencing a three percent annual population growth. The economic growth, however, has been in large part based on advances in exports and industrial production. There is no correlation between population growth and advances in these sectors.

Population Growth Retards Progress

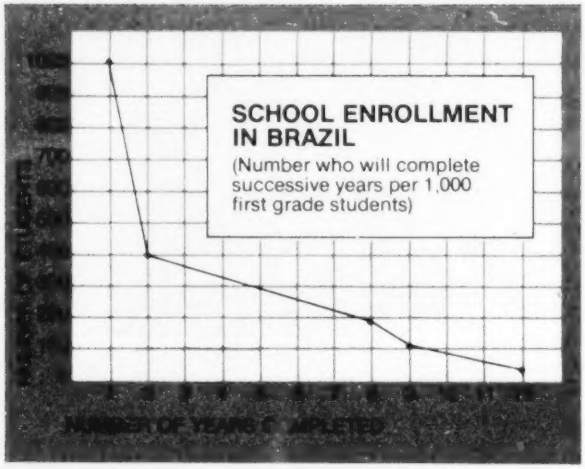
To the contrary, there is considerable and growing evidence that overly-rapid population growth hinders economic and social progress. Our educational system is a good example. The competition for entrance into our universities is fierce. The number of applicants is growing far more quickly than the number of places. We cannot even keep up with basic education. The number of illiterate people over age 14 has been growing. They now number some 16.5 million. The housing available to many Brazilians has also deteriorated in the last decade. As more and more migrants leave the countryside to find work in the cities, we can expect housing to grow still more scarce in the future. **There are many other areas of our social and economic lives in which population is growing faster than our ability to meet the problems.**

A third group opposes family planning because they feel it is a plot by the rich nations to keep the poorer nations weak. They neglect to mention a couple of important facts, however. First, the sums spent by the developed nations on international population programs are far less than what these governments spend on their own family planning programs at home. Second, the domestic family planning programs of the developed nations have been shown to be exceedingly successful in reducing unnecessary social welfare expenses and thus saving money for these governments. In the United States of America, for example, it is estimated that the entire costs of domestic family planning service programs designed to prevent unwanted births are returned twofold within a year by savings at state and federal levels of government. Similar savings would accrue to the Brazilian government if a national family planning program were implemented, although the actual rate of savings has not been quantified. These savings to governments are, of course, only welcome additions to individual families' improved health and economic circumstances by avoiding unwanted or health-threatening pregnancies.

Family Planning Gains Support

In the absence of official government endorsement for family planning, the progress which Bemfam has made in turning around hostile criticisms of family planning is remarkable. Last year, 1972, was particularly important. The President of the Basic Education Movement of Brazil, and the Ex-Ministers of Education, Planning and Finance all endorsed the concept of a national family planning program. The President of the National Housing Bank has consistently supported this proposal.

On the state and municipal government levels 1972 was a banner year. Nine agreements between Bemfam and various government units were signed by which Bemfam will establish family planning clinics in cooperation with various governments. Particularly important was the agreement reached with the state of Rio Grande do Norde, one of Brazil's poorest regions, by which Bemfam will work with all levels of the



state's health facilities to insure that the knowledge and means for couples to plan their families will be available to all who want them. To make this possible the International Planned Parenthood Federation has agreed to supply one-quarter million free cycles of oral contraceptives. Pills will be available at low or no cost throughout the state. This experiment is being watched with great interest by the Governors of a number of other Brazilian states.

Bemfam always gives priority to requests from governmental units for family planning clinics. Thus far Bemfam has agreements to provide services with the cooperation of 19 government units. This is in addition to the 20 other agreements with universities and private organizations.

Clinics established by Bemfam provide many important services. Not only do they meet the needs of couples for family planning information and services but also they offer training and experience to medical staff. Over 1,100 people have been trained at Bemfam clinics in how to provide family planning services. Bemfam is helping to develop the skilled manpower which will be necessary to meet the long range family planning needs of Brazil.

The most effective birth control methods—oral contraceptive pills and IUDs—are chosen by the majority of women who visit a Bemfam clinic. The pill is, by far, the single most widely accepted method. In Brazil, a doctor's prescription is nominally required for purchasing oral pills at a pharmacy. In practice, however, over a million cycles of pills are sold monthly over-the-counter to women without a prescription at a very high cost (averaging $1.00 to $2.00 a cycle). Bemfam, through its clinic structure with subsidized contraceptive prices, is extending to lower income women the same contraceptive protection which richer women already enjoy.

The most important task for Bemfam in the year ahead is to continue informing and persuading government officials and other leaders of the benefits of family planning. We have seen some successes, e.g., when Bemfam won tax-exempt status by an order signed by the President of Brazil in 1971.

The world is changing very quickly around us. **If we Brazilians and Latin Americans are to achieve economic prosperity with social justice then we must adopt sensible and realistic population policies which can be coordinated with national and regional development strategies.** There is no better time than now in preparation for the World Population Year and Conference for us to take the initiative and establish a national population policy that respects individual rights while at the same time promoting national economic and social goals.

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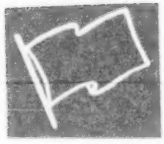
Successful Family Planning: Profamilia in Colombia



by
FERNANDO TAMAYO, M.D.
President
of the
International Planned Parenthood Federation
and of Profamilia

Profamilia, the Association for the Welfare of the Colombian Family, was modestly born late in 1965 in a small office. Since that time it has come to include the largest Planned Parenthood clinic in the world. The process has not been easy and, especially at the beginning, opposition from the reactionary traditionalist forces was quite hard to confront. Slowly, the demographic reality, however, has become more obvious. Colombia has the highest population growth rate of any country in Latin America. With an annual rate of increase of 3.2 percent, the population will double in 22 years.

Traditional conservative elements have been yielding in practice without admitting major modifications in their theories. Simultaneously, but in an inverse manner and coming from the other political extreme, the opposition was also based on accusations of neocolonialism and dependency on Yankee imperialism. Recently, however, Mao Tse-tung's personal declarations on the subject, and the evident contraceptive practices in the U.S.S.R. and in other Marxist countries, have left this often repeated charge devoid of any possible justification. The Left maintains its aggressive line but in a rather perfunctory way.

Profamilia's acceptors, cautiously and timorously at the beginning, happily and in great numbers today, have increased from 83 new acceptors in 1965 to 73,000 last year, and we hope to reach 85,000 this year, thus providing assistance to a total of 358,000 women. Profamilia has been a member of the International Planned Parenthood Federation since 1968.

Information and Services

The central Profamilia service center, which we call the Pilot Center, has always offered contraceptive, cancer detection and infertility services. In 1971 the clinic moved to the well equipped building where it presently operates. Besides this Pilot Center—the key unit in the institution—Profamilia has already spread to other areas in Bogota and throughout the country flies the little green flag which constitutes the symbol of Profamilia's help to families. By 1972 we had 43 clinics distributed among the 29 most important cities in Colombia.

While contraceptive services increased, we also enlarged our Education Department. This unit is in charge of information and motivation directed not only toward our present users, but also, through an efficient group of motivators, toward new clients in suburbs and from commercial and industrial enterprises. The motivators work by means of talks, interviews, conferences and booklets. Last year this Department carried out 15,265 talks for 208,159 prospective family planning users and gave 6,116 film presentations to 163,709 people in urban areas. In rural areas some 6,893 conferences and 2,548 film presentations were

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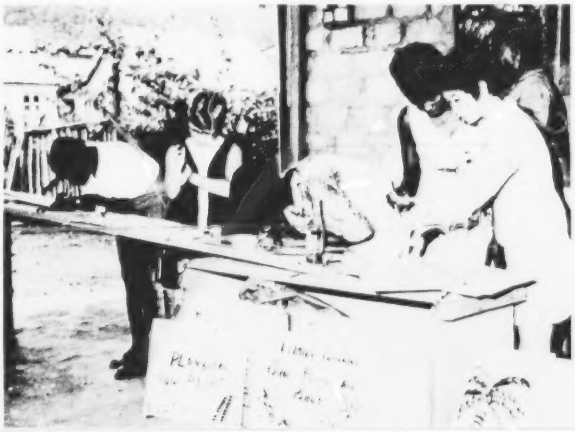
given to over a quarter million people. In addition, 398 family planning information courses were attended by nearly twenty thousand individuals.

Encouraging Innovations

In 1971 Profamilia began a non-clinical contraceptive distribution project in Risaralda, a rural community. Women, after being trained for one week, were sent door to door to their neighbors to discuss family planning through contraception. These women motivators inform their neighbors where they can purchase pills, foam, jellies and condoms at low cost. Many motivators, in fact, become retail salespersons by selling contraceptives at a slight mark-up in price. Thus, a number of family planning methods are brought to the very homes of actual and potential users. Additional benefits of this program are that each motivator keeps track of her "patient-consumers" and that the area's scarce medical manpower is freed to perform more important health measures rather than having to spend a great deal of time in the routine dispensing of contraceptives to healthy persons.

The program has received good cooperation from school teachers. It has been attacked by some of the older priests but not by the younger ones. It can be said that the Church has presented some opposition, but the demand from the people has not been much affected by those who preach against contraception. **The great receptivity given to this program by rural people demonstrates how much our people wish to control their own fertility and how they will do so if they are given the means.**

Another innovative field in which Profamilia has been working for over two years is voluntary sterilization for both men and women. Despite the Latin American "machismo" ideal we have already performed 2,000 vasectomies with the complete satisfaction of the patients. We are now performing vasectomies at an average rate of 100 per month. This program, when it started, generated vicious attacks from both rightist and leftist groups. Today, we still hear angry statements against it, but the fact is that this procedure is being performed in several teaching and nonteaching hospitals in the country. More recently, we have started post-partum tubal ligation programs in several important hospitals. Just a few months ago we initiated laparoscopic tubal ligations for which we have adapted a small surgical unit in our Pilot Center.



Obviously, Profamilia does not plan to stand still. We will continue to supply our clients with methods like pills and IUDs. We are convinced that the female and male sterilization programs, especially the former, will increase considerably and rapidly. A Marketing Department has been created which permits the distribution, with some profit, of a great variety of useful contraceptive devices (such as pills, condoms, diaphragms, etc.) both in Profamilia clinics and in peripheral distribution points specifically designated for this purpose.

One of the truly great areas of international coopera-

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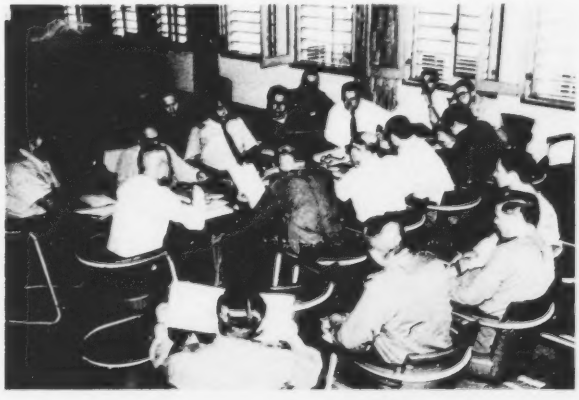
tion today is family planning. The last decade has witnessed the creation of new bonds by international action programs based on a common belief that no couple should be compelled to bear an unwanted child because they did not know of or could not secure contraceptive methods. The progress made by Profamilia in the last eight years would have been impossible without the unstinting cooperation and support of the International Planned Parenthood Federation with its worldwide membership of private national family planning associations.

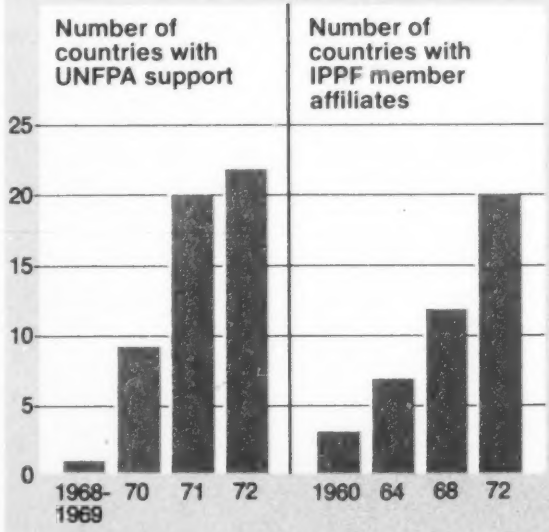
New UN Leadership

In the last three years the United Nations Fund for Population Activities has moved to the forefront as the largest multilateral organization providing support for family planning and population programs. We welcome the leadership which the Fund can provide in encouraging governments to support family planning.

The next decade will be crucial in the worldwide battle to slow down population growth before it undermines any chance for developing nations to radically improve the economic and social conditions of their peoples. **The World Population Year and Conference will be critically important to opening up the eyes and ears of governments to the needs of their own citizens for family planning information and services. Governments which really act to fill these needs will find that meeting the birth control needs of individuals and families will significantly improve development prospects of the entire nation.**



LATIN AMERICAN FAMILY PLANNING PROGRAMS



SUPPORT TO LATIN AMERICA
(in thousand U. S. dollars)

UNFPA Allocations to Latin America	
1968-9	700
1970	654
1971	1,850
1972	1,262

IPPF Allocations	
1970	6,947
1971	8,208
1972*	10,812
1973**	12,755

*estimated **projected

Minimization of Fertility Required by the New Conditions of Life

Ethical and Religious Aspects of Family Planning

by

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Excerpts of a paper given at the 18th Conference of the Inter-American Bar Association, Rio de Janiero August 21, 1973. The paper was delivered before the Committee on Human Rights. Seminar on Law and Population. The Seminar was cosponsored by the Inter-American Bar Foundation and the Law and Population Programme, Fletcher School of Law and Diplomacy, Tufts University.

It took humanity more than one million years to reach the level of one billion inhabitants, all living simultaneously on this planet; that occurred in about 1830 A.D. The number reached two billion, one century later (1930) and three billion one generation later (1960). Now world population will reach the four billion level after the short lapse of but 15 years.

It took humanity more than one million years to reach a rate of demographic growth of 0.2 percent per year (between 1750 and 1850), but only as little as 150 years to increase the rate of growth tenfold, to 2.0 percent per year.

What are the reasons for this substantial change in population dynamics that has transformed a nearly horizontal demographic growth pattern into one that is vertical, dizzying and explosive? Among the most advanced of the world's people 150 years ago, one-third of those born died before one year of existence, one-half before adolescence, two-thirds before maturity, and three-fourths before old age. Today, barely two percent die before adulthood, and more than three-quarters survive to old age.

Early Conditions Fostered Pro-natalism

When high levels of fetal, infant and juvenile mortality prevailed 100 years ago, a woman might average 14 to 16 pregnancies, resulting in 10 to 12 births, resulting in only four or five children who would reach adulthood. Today, if a woman averages 14 to 16 pregnancies, 12 to 14 births will follow and 10 to 12 children will grow to adulthood.

Moreover, in the last century less than one-fourth of the families lived in cities. More than three-fourths lived on farms where a child was economically active from a tender age and where the cost of education was nearly insignificant. Today, more than three-fourths of our families live in urban and suburban areas where the cost of education increases constantly and becomes a heavy economic burden on the parents.

Because of the biological, demographic, economic and social conditions under which humanity lived in past centuries, the only behavior existing appropriate for these conditions of life, work, coexistence and survival was for maximum fertility. **However, the behavior now required by the new conditions of life, work, coexistence and survival is to aim toward the minimization of fertility, by regulating offspring and spacing and limiting the number of children.**

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In times when demographic growth was slow and uncertain, most social thinkers equated human progress with the idea of maximum fertility. Social thinking was largely "populationist". For example, in the late 16th century Jean Bodin, the founder of modern economic analysis declared, "There are no riches other than human beings." He thought that demographic growth was the cause of economic growth. Not until the 18th century when the first indications of the long term decline in mortality became evident, did economists begin to suspect that demographic growth was the effect of economic growth.

This was the thesis of classical economic thought from before Malthus until after John Stuart Mills. Until the beginning of this century, population was considered a dependent variable largely determined by economic factors. Then the neo-classicists and the neo-Malthusians began to regard the demographic factor as an independent variable, little influenced by economic structures or events. It was then that population growth came to be analysed in terms of optimum. What rate of demographic growth could provide the optimal conditions for socio-economic development? Even today, most demographic-economic research centers principally on this question. Even Marxist thought, originally anti-Malthusian and pro-natalist, now takes account of a population policy in terms of the "optimum" population for each country or region.

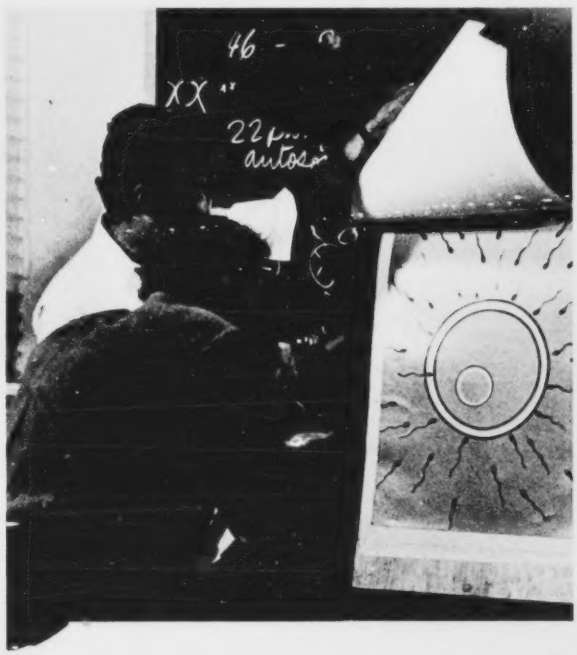
Multiply and Replenish is First Religious Aim

All existing ethical-religious codes developed during those centuries when social circumstances supported natalist attitudes. Through the Judeo-Christian tradition, a certain preference was given to the "priestly" position expressed in the phrase "multiply and replenish" rather than the Jehovian one, which views the conjugal tie in terms of "and both shall be made one flesh." Until very recently this last concept, clearly preferred by Christ and Saint Paul, was largely ignored. The procreation (and subsequent education) of offspring was considered as the "primary goal" of a marriage, until Vatican Council II (1962-66) intentionally abandoned this terminology, and Paul VI in *Humanae Vitae* (1968) made the procreative and uniting functions of the conjugal relationship explicitly and equally valid. The great majority of today's Catholic Church uses this shift in sociological thought as a basis for further progression and gives priority to the conjugal aspect, without excluding the procreative goal to which "a married life is naturally ordained" (according to the expression of Vatican II).

Responsible Parenthood Gains

Consequently, the concept and criterion of "responsible parenthood" is now firmly supported by the Church. By this approach, the Church officially accepts the idea of regulation of offspring at a family level, a position already affirmed by Pius XII as early as 1951. By this approach also the Church is now prepared for the acceptance of "family planning" on the social level, a position affirmed by Paul VI in *Populorum Progressio* in 1967.

On October 28, 1971, the *Osservatore Romano* published a story concerning the granting of a pecuniary subsidy, on behalf of the Vatican, for the "Responsible Parenthood Program" in the Philippines, which is being sponsored by the Catholic bishops. In December 1972, the Mexican bishops endorsed the official governmental family planning program established there earlier that spring. That program covers a country



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which is second only to Brazil as the most populous of the Region.

At the same time that official Church approval was given both to the regulation of offspring and to "family planning", the Church maintained reservations concerning two of the contraceptive methods used in today's medical practice: the Pill and the intrauterine device; the former as being "against nature" and the latter as being "an abortifacient."

Modern Methods of Contraception

With regard to the first problem, the majority of theologians consider the concept of "against nature" as being derived from a one-sided concept of "human nature" which makes the moral aspects of a human beings' sexual conduct dependent on his natural physical and biological structure. This creates an unacceptable dichotomy between the personalized ideals of marriage and the conjugal relation as fully described in the first part of *Humanae Vitae* and the casuistic examples as given in the second part of the same encyclical. For that reason, there predominates today in the Church, as much in the doctrinal context as in the pastoral practice, an open attitude that practically leaves the question of methods to medical discretion.

With regard to intrauterine devices and the manner in which they act—whether they prevent conception or whether they prevent implantation—the question of whether they are to be considered as abortifacient depends on the way in which one defines "abortion". The concept of "abortion" as used in the medical sense, even in Brazil, is not the same as that of lawyers, and *a fortiori* not the same as that of canon lawyers, or theologians, or philosophers.

The medical ethic defines abortion as the interruption of pregnancy (under the circumstances of inviability), and states further that pregnancy begins with implantation and not with fertilization. Consequently, any method that works its particular effect prior to fertilization or even prior to implantation, as do the IUD and even the hormonal contraceptives, is not considered abortifacient by today's medical practice (as is pointed out by the World Health Organization with regard to the IUD).

Biology and Theology

In the philosophical-theological sense, however, abortion has a less pragmatic meaning: it is the elimination (direct or indirect) of a being which has already acquired a precise right to life, because it is already a human being.

According to the latest human biological data, the beginning of a new human existence cannot be pinpointed at the moment of fertilization. The presence of a full genetic code proves nothing since after fertilization two or more human existences (twins) can develop with the same genetic code. Neither can it be at the moment of implantation, because even after this, twin existences may also develop. The embryo does not become irreversibly individual until the end of the second week after fertilization and thus a few days after implantation.

Nevertheless, even the implantation of a fertilized egg in the uterus is not enough: in order to have a human personality, it is necessary for an embryo to have the characteristically human cerebral formation as a biological substratum for thought, and hence, for liberty and responsibility. This development occurs between the 15th and 40th day after fertilization. Then,

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and only then, are we faced with a single human being, who has distinct potential as an individual instead of merely belonging to a genus or species and not with several different potential human beings. Consequently, from conception until the second month, the embryo is in a state of evolution ontogenetically, and from the 40th day on, the fetus has entered into an irreversible process of human development. Only then is it irreversibly, a human personality in the full sense, for whom only time, a healthy environment, and quantitative not qualitative change—are necessary until full development takes place. Therefore, one cannot speak of a right to be born until the 40th day after conception, and thus, whatever intervention takes place before this phase is not abortifacient in the philosophical-theological sense of the word.

The Problem of Abortion

The problem of the moral propriety of abortion (in the philosophical-theological sense) does not depend on the answer given to the question of the so-called "animation" (ensoulment). Also when we find ourselves face to face with a being (a begotten creature) that undoubtedly is a human person (a concrete potentiality) the moral problem still remains as to the propriety or impropriety of his elimination. The Christian ethic never considered the killing of a human being as an act that was intrinsically immoral, that is illicit in every circumstance. It is true that respect for human life—one's own as well as that of others—is a moral value, but it is not absolute: there can be circumstances under which, even with all respect for human life, one is justified in giving preference to other values, such as good conditions of life for the creature itself, the life and health (physical as well as mental) of the mother, the dignity and liberty of the woman (as in the case of rape) and others.

Moreover, the moral problem of abortion should not be confused with the corresponding juridical problem. The concrete well-being of present day society can require that abortion, for whatever reason, not be considered a crime.

It is better to prevent than to cure. The prevention of pregnancy is certainly preferable to its interruption by abortion. Neither is it true that the diffusion of contraception necessarily causes an increase in abortions. For example, it has been proven previously in the case of Japan, and in parts of Chile, that a good family planning policy can work to diminish the number of abortions. The experience in the People's Republic of China seems to reinforce this same idea.

The social conscience of our time finds itself faced with this dilemma: whether to institute an effective policy of family planning or experience an increasing number of voluntary abortions. Actually, most of humanity has already chosen, for official family planning programs are already a universal fact. Fully 83 percent of the people on the less developed continents (Latin America, Asia and Africa) live in countries that have already adopted family planning as an official policy.

Family Planning and Social Welfare

Social welfare, according to Barroso Leite, . . . *above all, concerns itself with individual problems of a social nature, which if left without solution, are felt to have a direct impact on other individuals and in the final analysis on society. Society, then, through its natural agent, the State, forestalls these problems principally by adopting social welfare measures. Indeed, this seems to be the core of the concept: a social need is that which, if left unattended, can have a direct impact on society.*

Thus, it seems to us that we must include family planning within this doctrine of social welfare as a desirable improvement in the field of social protection.

Wider Distribution Recommended

Oral Contraceptives

by

G. T. CUMMINS, M.D.

Chairman

Central Medical Committee

International Planned Parenthood Federation

Oral contraceptives are powerful hormonal agents which, since their introduction in 1960, have without question transformed the lives of many human beings. At a time when various other factors in human ecology are moving at an exponential and uncontrolled rate toward catastrophe, oral contraceptives offer an effective and widely acceptable means of control.

Longer life expectancy, improved maternal and infant survival rates, earlier ages of childbearing, greater sexual permissiveness and some measure of control over venereal disease combined with the growing complexity of life styles and the so-called revolution of expectations have created problems of over-population in some areas. Worldwide resources are being visibly depleted by population growth and higher living standards.

Yet the means did not exist until a decade ago to control this growth of population and depletion of resources. As a result of poor birth control technology and maldistribution of supplies, the millions who needed help to control their fertility lacked both the necessary information and services, and acceptable, effective contraceptive measures.

Benefits Exceed Risks

As in all human processes there have been waves of effort, mounting in determination as the need became recognizable and changing in direction as unmet needs changed in relative importance. New contraceptive measures were developed by the early 1960s including the oral contraceptives which have partially succeeded in turning the tide toward a much greater degree of fertility control.

During the 1960s the medical profession identified some of the rare but significant hazards of oral contraceptive use, but not until 1971, with the Report of the Committee on the Safety of Drugs in the United Kingdom, was hard data fully available to balance the risks of oral contraceptives against the benefits, or, to put it another way, the risks of using oral contraceptives against the risks of not using effective contraception. Overall, the benefits of use exceeded the risks. By this time, millions of women the world over, were already using oral contraceptives. They had made their choice —unscientific perhaps but humanly compelling.

By 1972, this wide experience was known to physicians. It was also recognized that even a medical examination could not help physicians predict in advance which women might suffer adverse side effects from oral contraceptive use. Members of the Medical Committee of the Western Hemisphere Region of the International Planned Parenthood Federation, both proponents and opponents of hormonal contraception, unanimously reached this conclusion in November 1972.

At the same time, the Medical Committee noted that family planning programs requiring medical examination and prescription prior to use of oral contraceptives were logistically limited, discriminatory, and counterproductive to the goals of human progress.

The conclusions of this Regional Committee were upheld by the Central Medical Committee of the International Planned Parenthood Federation meeting in London in April 1973 and representing all areas, all races, all cultures, and all experiences, the statement of the Central Medical Committee, on the following page, deserves widespread distribution and careful study.

Oral Contraceptives Urged Without Prescription

Text of a statement by the IPPF Central Medical Committee in April 1973

When oral contraceptives were first introduced, it was reasonable to restrict the use of these unknown and relatively powerful drugs to medical prescription. However, as experience has extended over a decade and a half and grown to tens of millions of users, the IPPF Central Medical Committee is increasingly confident that this method of family planning is highly effective and relatively simple to use, and that the health benefits almost certainly outweigh the risks of use in nearly all cases. It has been found that the complications that do occur are difficult to predict by examination prior to use, but that access to follow-up facilities can be important, especially in enhancing continuation rates.

Continuation rates among oral contraceptive users have sometimes been disappointing, but the wide acceptability of the method enables it, by preventing unplanned pregnancy and induced abortion, and permitting the satisfactory spacing of children, to make a contribution towards reducing maternal mortality and increasing the quality of life for parents and their children.

The limitation of oral contraceptive distribution to doctors' prescription makes the method geographically, economically and sometimes culturally inaccessible to many women. As a consequence, deaths and sickness of women and children, which might otherwise be avoided by the voluntary limitation of fertility, continue.

In many countries the regulations that are supposed to limit oral contraceptives to doctors' prescription are generally ignored. Those who can afford to purchase them from commercial outlets do so without medical supervision. However, national and international agencies abide by regulations, only distributing free or subsidized pills through doctors. As a result there is discrimination against many of those most urgently in need of protection against unplanned pregnancy.

The Committee recognizes that death due to thrombo-embolic disease is a rare but demonstrable complication of the use of oral contraceptives, and that certain endocrine and metabolic changes take place in some users. Nevertheless the Committee feels that routine examination contributes little to reducing the risks because it feels it is rarely possible to identify susceptible women. The Committee points out that some unknowns remain concerning potential beneficial or harmful long-term side effects, but these are most likely to be elucidated by case control studies which can be carried out independently of the method of distribution. The Committee believes that whoever normally meets the health needs of the community, whether doctor, nurse, traditional midwife, pharmacist or storekeeper, can be an appropriate person to distribute oral contraceptives. **The Committee concludes that responsible, simple methods of non-medical distribution of oral contraceptives can and should be devised, and recommends member Associations to:**

(1) Pioneer innovative schemes for distribution of oral contraceptives (together with all other contraceptives).

(2) Educate governments and the medical profession of the health benefits to women and children of non-medical methods of distributing oral contraceptives.

(3) Plan programmes of information and education describing the use of oral contraceptives, relative contraindications and possible side effects.

(4) Reorient clinic facilities so that the public has access to trained personnel in cases where the woman is uncertain about the use of oral contraceptives, has a complicating medical condition, or requires reassurance.

Members of the IPPF Central Medical Committee

Dr. G. Cummins, Barbados, Chairman; Dr. T. M. Leam, Singapore, Vice Chairman; Professor Mapofo, Ghana; Dr. S. Chinnatamby, Sri Lanka; Professor P. Hubinot, Belgium; Professor H. Kwon, Korea; Professor Foda, Egypt; Dr. Gomez-Rogers, Chile; Dr. Alan Guttmacher, USA; Dr. Malcolm Potts, Medical Director for IPPF, Secretary.

"One Half of the Pregnancies Are Unplanned or Unwanted . . ."

Venezuelan Family Planning: Winning Government Support

by
RICARDO BALL
President
Responsible Parenthood Foundation

Venezuela's experience in family planning has been unique in Latin America. From the start, the government and the private sector have worked in fullest possible cooperation to provide a vitally important service to the nation.

Today 139 centers offer family planning services to the low-income population. All but five of these centers are located in official public health clinics and none of them are charged for rent, utilities or maintenance. In many places the doctors salaries are also paid for by the Government. The Venezuelan Family Planning Association recruits, trains and supports a family planning unit within public health clinics. The unit consists of a doctor and nurse, both part time, and a full time "motivator". It also supplies the clinic with contraceptives, supervisory services and evaluation. The Government, far from discouraging these efforts, provides financial aid. The estimated value of in-kind governmental contributions is conservatively estimated at US $750,000.

Unfortunately, there is still little concern in Venezuela about the national population growth rate. Urban concentration is a source of alarm, but the overall population is still considered to be sparse in relation to the vastness of Venezuela.

Yet Venezuela does face demographic problems. The 1972 Census revealed that Venezuela has close to 11 million inhabitants. Of these, some 78 percent live in urban societies and only 22 percent reside in rural areas. In 1926 the exact reverse was the case—only 30 percent was urban. The capital city, Caracas, today has a population of some 2,500,000 people. In 1941 the city's population was only about 250,000 persons. Nationally, roughly 80 to 90 percent of the population is concentrated in the valleys of the Andean chain that run parallel to the coast and dip inland at the Colombian border, and in the Maracaibo oil region. About 80 to 90 percent of the territory is, for all intents and purposes, uninhabited—plains and jungles and mountains.

Population Pressures Intense

Moreover, on the individual level, the pressures of population growth are most intense. The annual population growth of about three percent is largely a reflection of the ignorance and helplessness of thousands of individual women who would rather not have so many children but simply do not know how to avoid them. Fifty-four percent of the children born in Venezuela are illegitimate. The United Nations and local groups have estimated that in Caracas alone there are 287,000 abandoned children. Most medical experts agree that one out of every two pregnancies end in abortions. (It must be noted that abortions in Venezuela are illegal. For most women, they are usually primitive, unsanitary and unsafe.) All these data reflect one principal fact: about one-half to three-quarters of the pregnancies in Venezuela are either unplanned or unwanted.

There is no problem, therefore, in motivating Venezuelan women to practice family planning. The women

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are already motivated. The problem is to help them find and use the necessary means to control their fertility in the light of modern crowded urban conditions.

This high degree of motivation plus the country's vast resources — petroleum and otherwise — enabling the government to provide one of the most advanced public health systems in the hemisphere—means that Venezuela may be the first country in tropical Latin America to achieve a genuine demographic transition. Venezuela can do this by meeting the existing demand of the people and "modernizing" their reproductive habits.

Catholic Church Supportive

Of the influential institutions in Venezuela few have had a clearer understanding of the problem than the hierarchy of the Roman Catholic Church. Venezuela has been blessed with one of the most enlightened pastoral letters in the Hemisphere on the subject of "Humanae Vitae" and contraception. The hierarchy recognizes the grave demographic problem that faces Venezuela because of unwanted pregnancies, birth, and child abandonment and encourages educational efforts to assist the more deprived people in planning their families, according to church-approved methods. The church clearly recognizes that "the lack of material means should not be a reason for discrimination in this important matter". Finally, the Episcopate states that: "Since Venezuela is a pluralistic society where there are non-Catholics and non-believers it is proper for the Government to give information about other (than Church-approved) methods to those people who are willing to use them according to their own consciences".

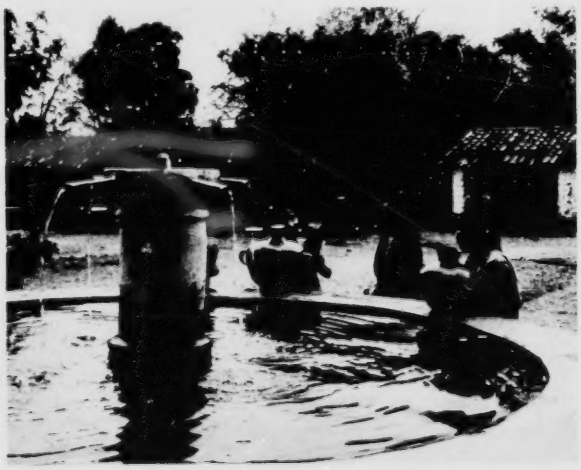
Integrating Official and Private Programs

Given the presence of so many positive elements, the goal of the private sector in Venezuela has been to assist the government in its quest for a practical solution to the population problem, pointing to family planning as the answer to the thousands and perhaps millions of involuntary and unwanted pregnancies. The strategy has been to demonstrate that family planning is needed, that it is wanted, and that it works. Private groups have relied upon the invaluable assistance of national and international philanthropy, especially, the International Planned Parenthood Federation, the Population Council and the Pathfinder Fund.

With this assistance the private sector has been able to set up the existing service network integrated into the Government public health structure, which has:

a) assisted over 250,000 women in planning their own reproductive activity—about 13 percent of the target fertile population and

b) demonstrated the workability and acceptability



Improving the status of women is essential to reduce fertility rates.

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of the program, as well as the spontaneous popular demand for such services.

Close Cooperation Helps Success

It is encouraging to hear recent statements by various high government officials that the Venezuelan Family Planning Association is the institution best qualified to operate the service network which has been developed. The Ministry of Public Health and Welfare has accorded the Venezuelan Family Planning Association consulting status on all family planning matters. Although the program is viewed, at a long range, as essentially a Government responsibility, the different officials involved have indicated that they would like to delegate the administration and operations to the same institution that developed them, namely the Association, under the distinguished leadership of Doctor Pablo Liendo-Coll.

The Director of Public Welfare Dra. Rosalind Greaves de Pulido, has worked very closely with Doctor Liendo and the Association staff in developing a special training program for all of the Ministry's medical, paramedical and lay personnel in family orientation, including family planning and contraception. This program is now beginning to be implemented and good results are expected.

With the support of the Ministry and of the Central Planning and Coordinating Office (CORDIPLAN), an appeal has been made by the Association to the United Nations Fund for Population Activities (UNFPA) for financial support for educational programs and family planning medical services. This development is of extraordinary importance since it means that the Association will also have international funding from official public sources through the UNFPA as well as from IPPF.

Private Sector Support Grows

On the domestic side, financial support has been growing steadily since 1971. In that year the Responsible Parenthood Foundation was formed by a group of business and civic leaders who wanted to cooperate with the Family Planning Association and speed the development of a national family planning program. Private funds at a rate of approximately US $100,000 to $150,000 per year have been collected in order to back these programs and special efforts are being made

to increase local official fiscal support for family planning.

The first year the Foundation was formed it obtained from Congress an unrestricted grant to the Venezuelan Family Planning Association, through the Consejo Venezolano del Niño (Venezuelan Children's Council), of Bs 1,640,000.00 (US $370,000).

The Foundation, although independent of the Association, works in close cooperation with the latter and a very effective coordination has emerged. The Foundation's independence enhances its force, credibility and effectiveness, as well as its flexibility. This year it will make a substantial cash contribution to the International Planned Parenthood Federation as it celebrates its 21st Anniversary.

We hope that this move will be the start of a pattern whereby Venezuela, once it has effected the necessary national transition toward modern and civilized human reproduction, can actively assist other developing nations so that, eventually, all humanity will cooperate in the solution of population problems.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

The International Planned Parenthood Federation includes eighty National Family Planning Associations as its affiliated members.

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